

POSITION	INITIALS	ID NO.	DATE
	JA		06/08/01
FEE DETERMINATION			
OMPI CLASSIFIER			
FORMALITY REVIEW	im	50864	10-20-01
RESPONSE FORMALITY REVIEW	01	825	8/14/01
			10/16/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/8/01
2	8/8/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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825  
8/14/01  
10/17/01